

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for DME Codes E1399 and E0943.
- b. The request was received on April 1, 2002.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA's
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60 and/or Response to a Request for Dispute Resolution
  - b. HCFA's
  - c. Audit summaries/EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on June 21, 2002. The response from the insurance carrier was received in the Division on June 26, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated June 12, 2002 that... “The disputed issue is that the Carrier originally denied the claims stating preauthorization not obtained. We resubmitted the claims to the Carrier requesting reconsideration, as the items did not require preauthorization. The Carrier again denied the claim stating their position remains the same, preauthorization was requested by denied for this service. However, we did not request preauthorization, as it is not required. The expected out come of this issue is that we feel the claims should be paid. In accordance with Rule 134.600 (h-13) preauthorization for DME under \$500.00 is not required. As each item is under \$500.00 preauthorization was not needed...”
2. Respondent: The respondent states in the correspondence dated June 25, 2002 that... “Due to processor error, the billed charges for 04/26/01 were originally denied X388. This error has been corrected and the charges are denied as unnecessary medical with the denial code X375...”

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is April 26, 2001.
2. Per Rule 133.307(j)(2), which states, “The response shall address only those denial reasons presented to the requestor prior to the date the initial request for medical dispute resolution was filed with the division and the other party. Responses shall not address new or additional denial reasons or defenses after the filing of an initial request. Any new denial reasons or defenses raised shall not be considered in the review”. The Initial request was submitted on April 1, 2002, the respondent submitted a new EOB dated 04/04/02 denying the DME as “X375 – Unnecessary Medical Treatment of Service”. Since this EOB was issued after the request for dispute resolution was submitted, the initial denial code of “A – Pre-authorization not obtained” will be addressed.
3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS           | CPT or Revenue CODE | BILLED              | PAID             | EOB Denial Code(s) | MARS (Maximum Allowable Reimbursement) | REFERENCE                                      | RATIONALE:   |
|---------------|---------------------|---------------------|------------------|--------------------|--|--|--|
| 04/26/01      | E1399<br>E0943      | \$100.00<br>\$47.25 | \$0.00<br>\$0.00 | A<br>A             | DOP<br>DOP                             | Rule 133.307(j)(2)<br><br>Rule 134.600(h)(110) | Preauthorization not required. Reimbursement in the amount of \$147.25 is recommended. |
| <b>Totals</b> |                     | \$147.25            | \$0.00           |                    |  |  | The Requestor is entitled to reimbursement in the amount of <b>\$147.25</b> .          |

MDR Tracking Number: M4-02-3159-01

## **VI. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$147.25 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 15<sup>th</sup> day of January 2003.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf